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CONFIRMATION NO. 3369

<b>SERIAL NUMBER</b> 09/777,979	<b>FILING OR 371(c) DATE</b> 02/06/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3754	<b>ATTORNEY DOCKET NO.</b> 70496	
<b>APPLICANTS</b> David Jenkins, Flanders, NY; Pat Gordon, Wayzata, MN;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/181,320 02/09/2000 and claims benefit of 60/249,096 11/15/2000 and claims benefit of 60/249,654 11/17/2000 <i>yes.</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/13/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 44	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 22242					
<b>TITLE</b> MEDICAL IMPLANT DEVICE FOR ELECTROSTIMULATION USING DISCRETE MICRO-ELECTRODES					
<b>FILING FEE RECEIVED</b> 1554	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		